

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09 / 831279

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3				2		
4				1		
5				1		
6				1		
7				1		
8				1		
9			1			
10				1		
11				2		
12			1			
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49						
50						
TOTAL IND.			3			
TOTAL DEP.			11			
TOTAL CLAIMS			14			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS